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PTO/SB/21 (04-04)

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## TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

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Application Number	10/682,470
Filing Date	10/09/2003
First Named Inventor	Takahiro Tokunaga et al.
Art Unit	3753
Examiner Name	John K. Ford
Attorney Docket Number	4041J-000788

ENCLOSURES (check all that apply)							
Fee Transmittal F	orm	☑ Drawing(s)		After Allowance Communication to Technology Center (TC)			
		Licensing-r	elated Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment / Rep	ly	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final			Convert to a Application	Pro	prietary Information		
Affidavits/decl	aration(s)	. —	ttorney, Revocation Correspondence Address	Status Letter			
Extension of Time	Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):		
Express Abandonment Request		Request for	r Refund		Return Receipt Postcard		
		CD, Numbe	er of CD(s)				
Information Disclo	sure Statement						
Certified Copy of Priority Document(s)		Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750.					
Response to Miss Incomplete Applic		Account No. 60-0756.					
Response to N Parts under 3 1.52 or 1.53							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual name	Harness, Dickey &	Attorney Name			Reg. No. 34,007		
Signature							
Date	June 8, 2006						
CERTIFICATE OF TRANSMISSION/MAILING							

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolida	teo/Appro	priesto Act. 20	05 (H.R. 4818)	Complete if Known				
Fees pursuant to the Consolidate Appropriate Act, 2005 (H.R. 4818).			Applic	ation Number	10/682,470	10/682,470		
FEE TRANSMITTAL			Filing	Date	10/09/2003			
for	FY 2	2006		First N	lamed Inventor	Takahiro Tokuna	iga et al.	
Applicant claims small	entity s	tatus. See 37	CFR 1.27	Exami	ner Name	John K. Ford		
				Art Un	it	3753		
TOTAL AMOUNT OF PAY	MENT	(\$) 120		Attorn	ey Docket No.	4041J-000788	2-1	
METHOD OF PAYMENT	(check	all that apply	y)					
☐ Check ☐ Credit Care	d 🔲 N	Ioney Order	☐ None ☐	Other	(please identif	y):		
Deposit Account Depo	osit Acco	unt Number: 0	8-0750		Deposit Acco	ount Name: Har	ness, Dickey & f	Pierce, PLC
For the above-ide	ntified de	eposit account,	the Director is	hereby	authorized to:	(check all that a	pply)	
☐ Charge fee	(s) indic	ated below			☐ Cha	rge fee(s) indica	ted below, exce	pt for the filing fee
Charge any			derpayments	of fee(s)	⊠ Cred	dit any overpaym	ents	
Under 37 ( WARNING: Information on this			lic. Credit card i	informati	on should not b	e included on thi	s form. Provide c	redit card
information and authorization								
FEE CALCULATION						·		
1. BASIC FILING, SEA					LEEC	FVAI	JATION CCCO	
	FILING	FEES Small Ent	-	EARCH	I FEES Small Entit		NATION FEES Small Entity	
Application Type	Fee (\$			e(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility	300	150	50	0	250	200	100	
Design	200	100	10	0	50	130	65	
Plant	200	100	30	0	150	160	80	
Reissue	300	150	50	0	250	600	300	
Provisional	200	100		0	0	0	0	
2. EXCESS CLAIM FEE	ES							Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (inc	luding R	eissues)					50	25
Each independent claim		including Reis	ssues)				200	100
Multiple dependent clair			- (6)	_			360	180
Total Claims		<u>Claims</u>	<u>Fee(\$)</u>		Paid (\$)			Dependent Claims
<u>18</u> -20 or HP=	_	X	<u>50</u> =	<u>0</u>			<u>Fee (\$</u>	Fee Paid (\$)
HP = highest number of to		-		_				
Indep. Claims		Claims	<u>Fee(\$)</u>		Paid (\$)			
<u>2</u> - 3 or HP= HP = highest number of ir	<u>0</u> odenende	X nt claims paid for	200 =	= 0				
3. APPLICATION SIZE		nt ciairis paid to	i, ii giealei ulali	<b>J</b> .				
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listings under 37								al 50
sheets or fraction						,,		
<b>Total Sheets</b>	Extra S					fraction there	eof Fee (\$)	Fee Paid (\$)
= $\underline{0}$ /50 = $\underline{0}$ (round <b>up</b> to a whole number) x = $\underline{0}$								
4. OTHER FEE(S) Fees Paid (\$)							Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): One Month Extension of Time 120								
SUBMITTED BY		1						
Signature			1		Registration No.	34,007	Telephor	ne (248) 641-1600

Telephone (248) 641-1600 (Attorney/Agent) Michael J. Schmidt Name (Print/Type) June 8, 2006 Date